

Department of Human Resource Management (DHRM)

POSITION CLASSIFICATION GRIEVANCE FORM

(Reference: DHRM Rules 477-3-5)

DO NOT SUBMIT THIS FORM TO YOUR AGENCY HUMAN RESOURCE OFFICE

SUBMIT FORM DIRECTLY TO:

EXECUTIVE DIRECTOR, DHRM
2120 STATE OFFICE BUILDING
P O Box 141531
SALT LAKE CITY, UTAH 84114-1531

THIS FORM, WITH ALL REQUIRED DOCUMENTATION,
MUST BE RECEIVED IN DHRM BY 5:00 P.M. OF THE 10TH
WORKING DAY FOLLOWING RECEIPT OF
CLASSIFICATION NOTIFICATION FROM DHRM OR YOUR
AGENCY.

EMPLOYEE INFORMATION

NAME: _____ SOCIAL SECURITY NO.: _____

DEPARTMENT: _____ DIVISION/BUREAU: _____

HOME MAILING ADDRESS: _____

WORK PHONE: () _____ HOME PHONE: () _____

****Please notify the Grievance Technician (May, 537-9122) of any changes in the above information.****

POSITION INFORMATION

NEW ASSIGNED JOB TITLE/SALARY RANGE: _____

OLD ASSIGNED JOB TITLE/SALARY RANGE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SIGNATURE AND DATE OF SIGNATURE ARE REQUIRED FOR PROCESSING

READ < *Instructions: Before completing this form, read the information on the next page. Provide a written response to each numbered item, using additional sheets and attachments as necessary. All questions must be answered; all requested attachments must be provided. DO NOT miss the filing deadline (see above). Attachments may be sent later, if arrangements are made with the Grievance Technician.*

1. On what date did you receive the letter (**please attach a copy**) from DHRM or your agency notifying you of the classification decision for your position?
2. Please list the specific issue(s) of your grievance and **the specific remedy** (i.e., job description, etc.) you are requesting.
3. Does the Utah Job Match Position Analysis Form (UJM PAF) in effect at the time of the classification decision accurately describe your duties and responsibilities? If not, please attach a copy of the UJM PAF form and list the duties and responsibilities that were not included. What percentage of work time is required to perform each listed duty?
4. Please list the reasons your assigned job description does not describe your job.
5. Please present any additional justification, complete with specific documentation, to support the requested remedy.

Please read and follow all instructions completely. Review the Completion Checklist on the next page before submitting your grievance. If you have additional questions, please call the Grievance Technician.

POSITION CLASSIFICATION GRIEVANCE FORM

PLEASE COMPLETE THE ENTIRE FORM

All aspects of the grievance should be addressed and developed at this time. The panel cannot be expected to hear grievances for which it has not received timely documentation identifying (1) what is being grieved, (2) the specific requested remedy, and (3) justification in support of the requested remedy.

1. The date you received written notification of the classification decision for your position is an important date in the grievance due process. Your signature on the form attests to the validity of that date.
2. It is important to be specific in stating what you are grieving and the remedy you are requesting. **Issues not concerning position classification cannot be addressed through this process.** The assignment of a salary range to a Job Description is not a classification issue.
3. **List only those specific duties from your UJM PAF which, in your opinion, were overlooked or not included.** The percentage of time spent performing each listed duty **must** be included in order for the Panel to properly evaluate them.

If your grievance is based on changes in assigned duties since the contested classification decision was made, the Panel will either (1) determine that the changes are not sufficient to justify a change in classification, or (2) determine that the changes warrant another classification review; in which case, the matter will be remanded back to your agency for consideration through normal procedures of classification review and the grievance will be closed.

4. List those important duties performed on a regular basis that are not included or reflected in your newly assigned Job Description.
5. Additional justification should be limited to well-organized, factual information about assigned duties. *Letters of support, performance issues, and other information not directly related to job design and assigned duties are not appropriate.*

Documentation should include copies of all comparative references, job descriptions, UJM PAFs, etc. Important things should be highlighted, and narrative should be organized for convenient review.

COMPLETION CHECKLIST:

- | | |
|---|--|
| <input type="checkbox"/> letter of notification (SEE No. 1 above); | <input type="checkbox"/> UJM PAF used for the classification decision; |
| <input type="checkbox"/> statement of specific requested remedy; | <input type="checkbox"/> organizational chart showing your position; |
| <input type="checkbox"/> specific duties at the time of classification decision | <input type="checkbox"/> Job Descriptions for newly assigned classification; |
| <input type="checkbox"/> class specifications for specific requested remedy. | and % of time spent performing them (See No. 3 above); |

PLEASE NOTE: GRIEVANCE FORM MUST BE SIGNED AND DATED